Appendix A: Informatics Patient Safety Initial Incident Report Form

Screenshot of initial incident report

Submitter Information:

Submitter Name(Last, First):	Submitter Email:	Submitter Phone:

ID:	Submit Date:	State:
		Awaiting_Analysis

Patient Safety Issue Information:

*Source:

*Help Desk Ticket:

*Subject:

*Description:

*List the VistA/non-VistA Application(s) the issue applies to:

Name

Add   Remove

*List the site(s) where the issue was identified :

Name

Add   Remove

Request Information:

*Describe specific incidents that have occurred or could occur because of this issue (if any):

*Description of the harm or potential for harm that could result from this issue:

*Describe any actions that can be done to correct the issue:

Appendix A: Informatics Patient Safety Initial Incident Report Form

Attachments

File Name	File Size	Description		Download
				Add...
				Remove

New Note:

Notes Log: